

# Q' Straint

## SPECIAL NEEDS DRIVER OF THE YEAR - 2006

NOMINATED DRIVER'S FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

SCHOOL DISTRICT OR COMPANY: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_

DRIVER'S BACKGROUND INFORMATION: (Total years of driving experience, total years employed as A SPECIAL NEEDS school bus driver, miles driven, safety record and any other related information).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FACTS AND SPECIFIC ACHIEVEMENTS: (Provide any information that will show why the nominee is deserving of the award. Additional pages may be used and attachments may be included to reinforce the nomination.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LETTER OF NOMINATION SHOULD BE SIGNED BY THE PERSON OR PERSONS IN CHARGE OF TRANSPORTATION:

Signed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position: \_\_\_\_\_

THE DISTRICT SUPERINTENDENT OR HIGHEST LEVEL OF ADMINISTRATION IN THE DISTRICT OR COMPANY SHOULD SIGN THIS FORM.

Signed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position: \_\_\_\_\_

Return to:

Betty Kunkel

Cascade County Superintendents Office

325 2<sup>nd</sup> Avenue North, Courthouse Annex

Great Falls, Montana 59401

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